

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/576,298
	Filing Date	February 15, 2007
	First Named Inventor	Matti Korpela
	Art Unit	1651
	Examiner Name	Susan Emily Fernandez
	Attorney Docket Number	150026.472USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

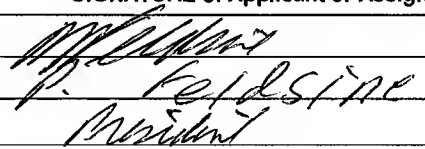
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	23/06/10
Name	P. Keldsine		
Title and Company (Assignee)	BioControl Systems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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